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(PTO ASSISTANCE)

HC.
Corr

Application : 09/683104

Examiner : Shaw

GAU : 3737

From : SMA

Location: IDC FMF FDC

Date: 4/6/05

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DOC CODE	DOC DATE	MISCELLANEOUS
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REV 10/04

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APR 6 2005

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23446 7500 01/12/2003

Kirk A. Vander Lest
McAndrews, Held & Malloy, Ltd.
500 West Madison Street, 34th Flr.
Chicago, IL 60661

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Joseph M. Butscher

(Depositor's name)

[Signature]

(Signature)

April 6, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/583,104	11/19/2001	Thomas C. Kiezzle III	SUR3	8647

TITLE OF INVENTION: ENHANCED GRAPHIC FEATURES FOR COMPUTER ASSISTED SURGERY SYSTEM

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/>	\$1400	\$300	\$1700	04/12/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
SHAW, SHAWNA JEANNINE	3737	600-427000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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McAndrews, Held &

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CE MEDICAL SYSTEMS GLOBAL
TECHNOLOGY COMPANY, LLC

WAUKESHA, WISCONSIN

Please check the appropriate assignor category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 070845 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Date April 6, 2005

Typed or printed name

Joseph M. Butscher

Registration No. 48,326

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PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

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